

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734352

1. Entity Name

WATER GLADES PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90014 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5540 NORTH OCEAN DRIVE  
SINGER ISLAND FL 33404-2551

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SINGER ISLAND FL 33404-2551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1628829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAY WHITE 82  
ESPERANTE BLDG  
222 LAKEVIEW DR, SUITE 210  
WEST PALM BEACH FL 33401

Name  
ROBERT M. DONLON (BUSH & DONLON, P.A.)

Street Address (P.O. Box Number is Not Acceptable)  
4440 PGA Blvd., Suite 307

Palm Beach Gardens

City

FL

Zip Code  
33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, SARA C	
STREET ADDRESS	5550 N OCEAN DR #15A	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HOLT, JOHN	
STREET ADDRESS	5510 N OCEAN DR #2B	
CITY-ST-ZIP	SINGER ISLAND FL 32-3404	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ZANE, ED	
STREET ADDRESS	5540 N OCEAN DR PHB	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MALT, ROBERT C	
STREET ADDRESS	5510 N OCEAN DR #18B	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WEIL, CLARENCE B	
STREET ADDRESS	5540 N OCEAN DR #17D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RYSAVY, PAUL	
STREET ADDRESS	5540 N OCEAN DR #14A	
CITY-ST-ZIP	SINGER ISLAND FL 33404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN LAPPER	
STREET ADDRESS	5550 N OCEAN DR. 5D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	PAMELA CHERRY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5550 N. OCEAN DR. 3B	
STREET ADDRESS	SINGER ISLAND FL 33404	
CITY-ST-ZIP		
TITLE	PETER CARBONE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5550 N. OCEAN DR. 12B	
STREET ADDRESS	SINGER ISLAND FL 33404	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. PETER MAONIA	
STREET ADDRESS	5540 N. OCEAN DR. 4A	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUL ROBBINS	
STREET ADDRESS	5550 N. OCEAN DR. 22D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAU MILLER	
STREET ADDRESS	5510 N. OCEAN DR. 7D	
CITY-ST-ZIP	SINGER ISLAND FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF12E037 (9/99)